

NCR: Yes / No

DQA: Date:

WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____			DISPOSITION			AGAINST DEPARTMENT/PROCESS					
			<input type="checkbox"/> Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update	<input type="checkbox"/> Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab	<input type="checkbox"/> Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite	<input type="checkbox"/> Water Jet <input type="checkbox"/> Prod. Eng. Coor. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier	<input type="checkbox"/> Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other				
Root Cause		Date	Step	Qty	Description of work order update or Non-conformance		Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Doc/Data											
Equip/Tooling											
Operator											
Material											
Setup											
Other											
Process											
Supplier											
Training											
Unapproved											
FAULT CATEGORY											
Landing Gear				General							
				Bending	Grain	Ovalized	Pressure/Forced				
Centre Not Concentric to O/S	BOM/Route	Over/Under tolerance	Temperature/Cure								
Cracks	Broken/Damaged	Part Incorrect	Weld								
Crushed/Crimped	Burrs	Part Lost/Missing	Wrong Stock Pulled								
Cuffs	Contamination	Part Moved									
Heat Treat	Countersink	Positioned Wrong									
Inspection Strip in Tube	Cut Too Short	Power Loss/Surge									
Ripples in Bend	Drill Holes										
Torque Waves in Extrusion	Drawing										
Turning Sequence	Finish										
Wave/Twist in Tube	Folio	Outside Dimensions									

Work Order ID 92544

October-31-12 11:50:07 AM

92544

Page 2

Item ID: 647.1817

Accept

N900040100

Setup Start

NS1

Revision ID:

Item Name: Support RH

Stop

NS2

Start Date: 11/06/12 Start Qty: 1.00

1

Cust Item ID:

Required Date: 11/23/12 Req'd Qty: 1.00

1

Customer:

Reference:

Approvals:

Process Plan:

Date:

Tooling:

Date:

Run Start

NR1

QC:

Date:

SPC (Y/N):

Date:

Stop

NR2

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
130 *130* QC	QC8- Inspect parts - second check Quality Control	0.00	DAS 15 9-89	12/11/12		1			
140 *140* Brake NC Brake NC	Form as per dwg Momo	0.00				1			8/11/12 12/11/12
150 *150* QC	QC5- Inspect part completeness to step on W/O Quality Control	0.00	10/11/12			1			

NCR: Yes / No

DQA: _____ Date: _____

WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order: _____			DISPOSITION		AGAINST DEPARTMENT/PROCESS							
Part No. _____ NCR No. _____			<input type="checkbox"/> Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update	<input type="checkbox"/> Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab	<input type="checkbox"/> Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite	<input type="checkbox"/> Water Jet <input type="checkbox"/> Prod. Eng. Coor. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier	<input type="checkbox"/> Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other					
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance		Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
Doc/Data												
Equip/Tooling												
Operator												
Material												
Setup												
Other												
Process												
Supplier												
Training												
Unapproved												
FAULT CATEGORY												
Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube				General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio			<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions				<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge	<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled
											<input type="checkbox"/> Other	

Work Order ID 92544

October-31-12 11:50:07 AM

92544

Page 3

Item ID: 647.1817

Accept

N900040100

Setup Start

NS1

Revision ID:

Item Name: Support RH

Stop

NS2

Start Date: 11/06/12 Start Qty: 1.00 *1*

Cust Item ID:

Required Date: 11/23/12 Req'd Qty: 1.00 *1*

Customer:

Reference:

Approvals:	Process Plan:	Date:	Tooling:	Date:	Run	Start	*NR1*
	QC:	Date:	SPC (Y/N):	Date:	Stop		*NR2*

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
160 *160* Outsource4	Outsource process-Anodize per QSI017 4.1.10.1	0.00							<i>8/12-11-26</i>

	Memo	0.00
	ISSUE P/O: <i>18506</i>	
	HARD ANODIZE, COLOR BLACK AS PER DWG.(SEE NOTE 2)	

170 *170* Packaging Packaging	Receive & Inspect for Damage & Mat'l Certs	0.00
	Memo	0.00

R141018 0

180 *180* QC Quality Control	QC5- Inspect part completeness to step on W/O	0.00
	Memo	0.00

*(DAS
05
8-89 12-12-23*

NCR: Yes / No

DQA: Date: _____

WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order: _____			DISPOSITION			AGAINST DEPARTMENT/PROCESS					
			Rework Scrap Use-as-is Work Order Update	Skid-tube Machining Thermoforming Large Fab	Crosstube Small Fab Finishing Composite	Water Jet Prod. Eng. Coor. Rec/Store/Packaging Supplier	Engineering Quality Other				
Part No. _____											
NCR No. _____											
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
Doc/Data											
Equip/Tooling											
Operator											
Material											
Setup											
Other											
Process											
Supplier											
Training											
Unapproved											
FAULT CATEGORY											
Landing Gear				General							
				Bending Centre Not Concentric to O/S Cracks Crushed/Crimped Cuffs Heat Treat Inspection Strip in Tube Ripples in Bend Torque Waves in Extrusion Turning Sequence Wave/Twist in Tube	Bend BOM/Route Broken/Damaged Burr Contamination Countersink Cut Too Short Drill Holes Drawing Finish Folio	Grain Hardware Inspection Incomplete Instructions Incomplete/Unclear Maintenance Mislabelled Misread Offset Out of Calibration Out of Sequence Outside Dimensions	Ovalized Over/Under tolerance Part Incorrect Part Lost/Missing Part Moved Positioned Wrong Power Loss/Surge	Pressure/Forced Temperature/Cure Weld Wrong Stock Pulled			

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

Work Order: _____			DISPOSITION		AGAINST DEPARTMENT/PROCESS					
			Rework <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>			
			Scrap <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Quality <input type="checkbox"/>			
			Use-as-is <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>			
			Work Order Update <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>				
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector	
Doc/Data										
Equip/Tooling										
Operator										
Material										
Setup										
Other										
Process										
Supplier										
Training										
Unapproved										
FAULT CATEGORY										
Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped. <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube				General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions						
				<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other						

Work Order ID 92544

92544

Page 5

October-31-12 11:50:07 AM

Item ID: 647.1817 Accept *N900040100* Setup Start *NS1*
Revision ID:
Item Name: Support RH Stop *NS2*
Start Date: 11/06/12 Start Qty: 1.00 *1* Cust Item ID:
Required Date: 11/23/12 Req'd Qty: 1.00 *1* Customer:

Reference:

Approvals: Process Plan: _____ Date: _____ Tooling: _____ Date: _____ Run Start *NR1*
QC: _____ Date: _____ SPC (Y/N): _____ Date: _____ Stop *NR2*

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
220 *220* QC Quality Control	QC21- Final Inspection - Work Order Release Memo	0.00							13/11/08 MF 13-01-09

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

Work Order: _____			DISPOSITION			AGAINST DEPARTMENT/PROCESS					
			Rework <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>				
			Scrap <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Quality <input type="checkbox"/>				
			Use-as-is <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>				
			Work Order Update <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>					
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance		Initial Chief Eng	Action Description		Sign & Date	Verification	QC Inspector
Doc/Data											
Equip/Tooling											
Operator											
Material											
Setup											
Other											
Process											
Supplier											
Training											
Unapproved											
FAULT CATEGORY											
Landing Gear				General							
				Bending <input type="checkbox"/>	Bend <input type="checkbox"/>	Grain <input type="checkbox"/>	Ovalized <input type="checkbox"/>	Pressure/Forced <input type="checkbox"/>			
				Centre Not Concentric to O/S <input type="checkbox"/>	BOM/Route <input type="checkbox"/>	Hardware <input type="checkbox"/>	Over/Under tolerance <input type="checkbox"/>	Temperature/Cure <input type="checkbox"/>			
				Cracks <input type="checkbox"/>	Broken/Damaged <input type="checkbox"/>	Inspection Incomplete <input type="checkbox"/>	Part Incorrect <input type="checkbox"/>	Weld <input type="checkbox"/>			
				Crushed/Crimped. <input type="checkbox"/>	Burrs <input type="checkbox"/>	Instructions Incomplete/Unclear <input type="checkbox"/>	Part Lost/Missing <input type="checkbox"/>	Wrong Stock Pulled <input type="checkbox"/>			
				Cuffs <input type="checkbox"/>	Contamination <input type="checkbox"/>	Maintenance <input type="checkbox"/>	Part Moved <input type="checkbox"/>				
				Heat Treat <input type="checkbox"/>	Countersink <input type="checkbox"/>	Mislabeled <input type="checkbox"/>	Positioned Wrong <input type="checkbox"/>				
				Inspection Strip in Tube <input type="checkbox"/>	Cut Too Short <input type="checkbox"/>	Misread <input type="checkbox"/>	Power Loss/Surge <input type="checkbox"/>				
				Ripples in Bend <input type="checkbox"/>	Drill Holes <input type="checkbox"/>	Offset <input type="checkbox"/>		Other <input type="checkbox"/>			
				Torque Waves in Extrusion <input type="checkbox"/>	Drawing <input type="checkbox"/>	Out of Calibration <input type="checkbox"/>					
				Turning Sequence <input type="checkbox"/>	Finish <input type="checkbox"/>	Out of Sequence <input type="checkbox"/>					
				Wave/Twist in Tube <input type="checkbox"/>	Folio <input type="checkbox"/>	Outside Dimensions <input type="checkbox"/>					

Picklist Print

October-31-12 11:50:06 AM

Page 1

Work Order ID: 92544

Parent Item: 647.1817

Parent Item Name: Support RH

Start Date: 11/06/12

Required Date: 11/23/12

Start Qty: 1.00

Required Qty: 1.00

Comments: IPP REV:A 12.10.03 NEW ISSUE DD VERF:JFS

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
M2024T3S.063 2024-T3 .063 sheet		Purchased	No			110	sf	31.6700	0.3155	0.3321053 0.4			

Location	Loc Qty	Loc Code
MAT022	31.67	
119916	0.1	
121197	16.32	
123096	15.25	
		123096

Jan 12-11-10

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

Work Order: _____			DISPOSITION			AGAINST DEPARTMENT/PROCESS									
			Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/>	Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/>	Water Jet <input type="checkbox"/> Prod. Eng. Coor. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/>	Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/>								
Part No. _____															
NCR No. _____															
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector						
Doc/Data															
Equip/Tooling															
Operator															
Material															
Setup															
Other															
Process															
Supplier															
Training															
Unapproved															
FAULT CATEGORY															
Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube				General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio		<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions				<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge		<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled			
														<input type="checkbox"/> Other	

NOTES

1 MATERIAL: ALUMINUM 2024-T3 PER AMS-QQ-A-250/4
 2 FINISH: HARD ANODIZE IAW MIL-A-8625 TYPE II
 CLASS 2. COLOR BLACK.
 CARDINAL 4860-SC PRETREATMENT PRIMER
 PRIME IAW MIL-P-233//J TYPE CLASS N
 3. DEBURR AND BREAK ALL SHARP EDGES
 4 IDENTIFY IAW MPP-120

SHEET

REV A

ENCLOSURE

UNCONTROLLED

SUBJECT TO CHANGE

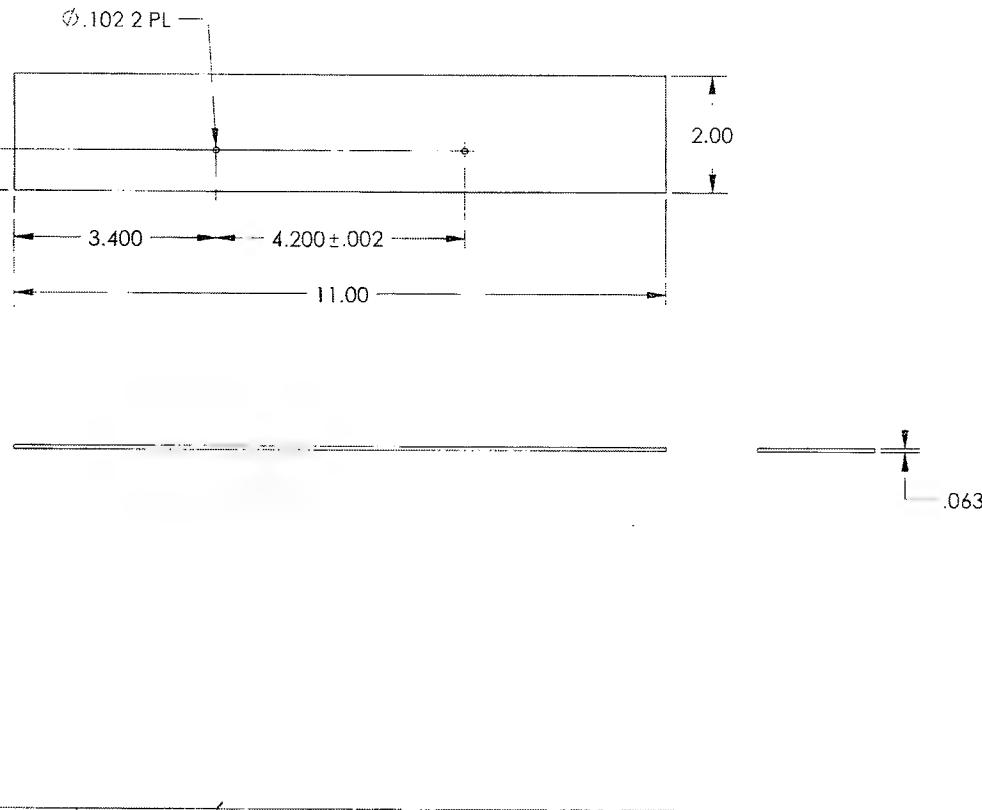
WITHOUT NOTICE

WORN AWAY

NO. 92544 ML5

12-11-01

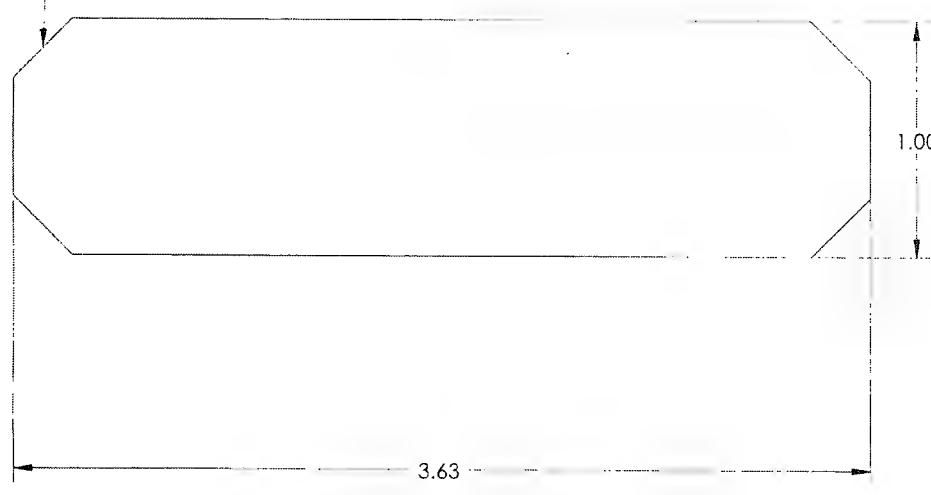
647.1810



		647.1818	NOSE DOOR SPACER		
		647.1817	SUPPORT, RH		
		647.1816	SUPPORT, LH		
		647.1815	GUSSET, RH		
		647.1814	GUSSET, LH		
		647.1813	ANGLE		
		647.1812	SHIM		
		647.1811	SPACER		
		647.1810	NOSE DOOR DOUBLER		
QTY		FIND #	PART #	DESCRIPTION	MATL
1					SPEC.
PARTS LIST					
APICAL INDUSTRIES					
2608 TEMPLE HEIGHTS DR.					
OCEANSIDE, CA. 92056-3512 (760)724-5300					
SHEETMETAL					
647.1800					
E 07M26 N/C					
SCALE NONE					
1 SHEET OF 2					

92544

— .25 X 45.0°
4 PL

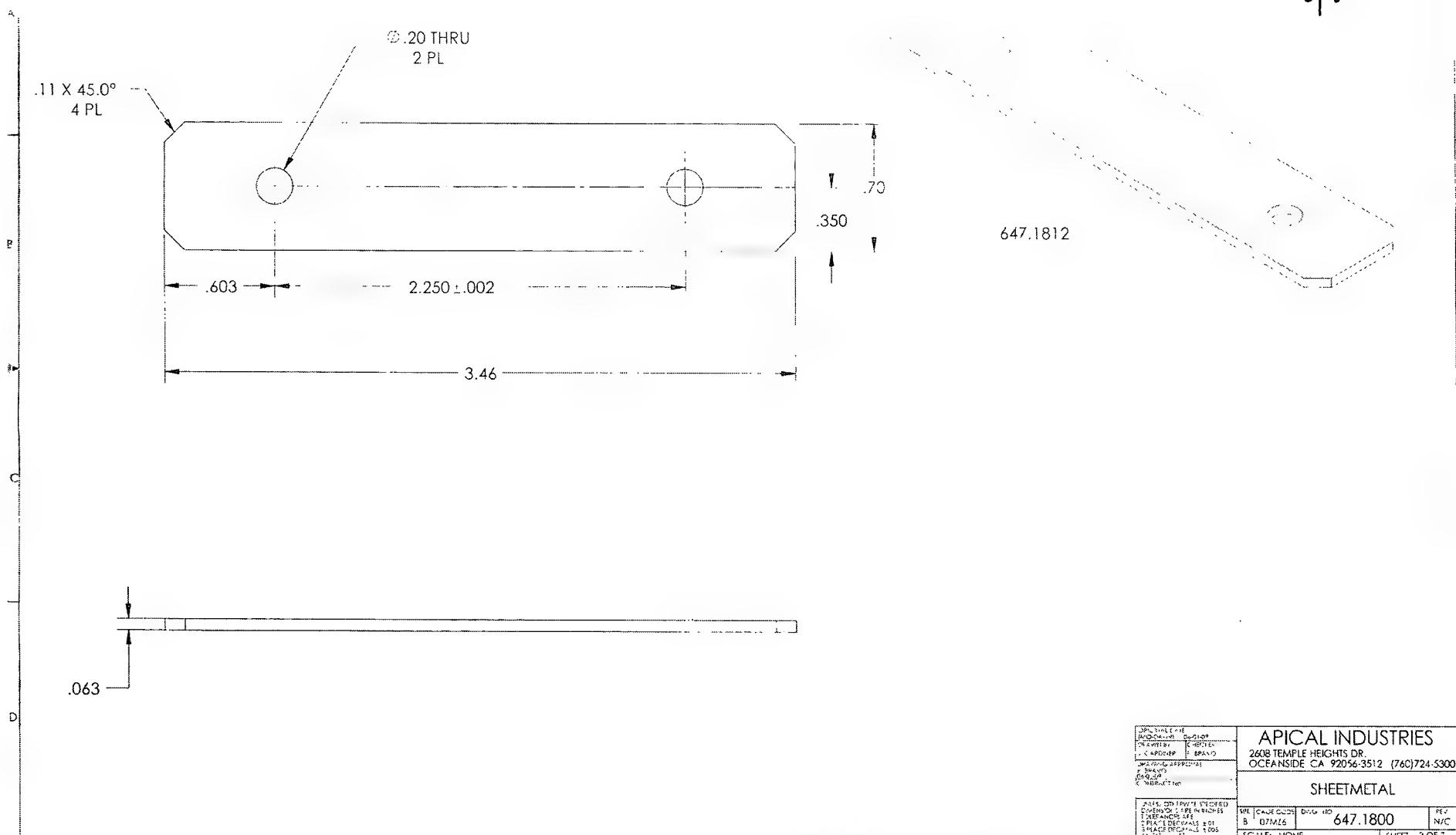


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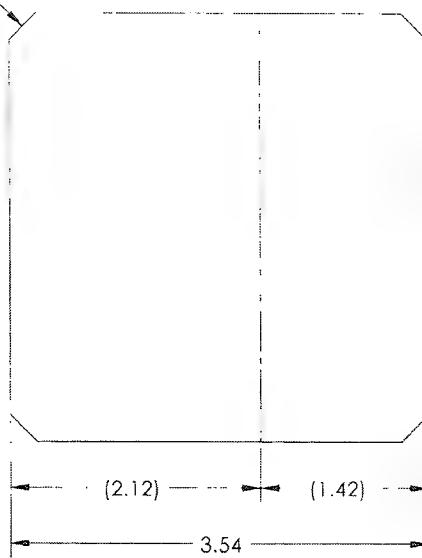
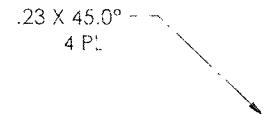
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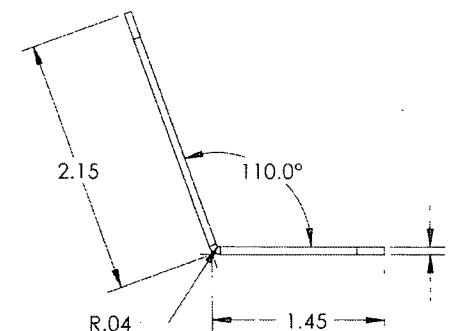
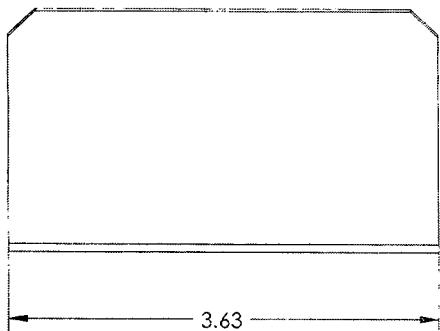
92544



.23 X 45.0° ~
4 PL



FLAT PATTERN



92541

647.1813

DESIGNER	LODGE, G. D.	DRWNR.	CHIEF
DATE	10/10/00	EDITION	0
PLATE	0	APPN. VAL	100000
CO-FACIN	0	REV.	

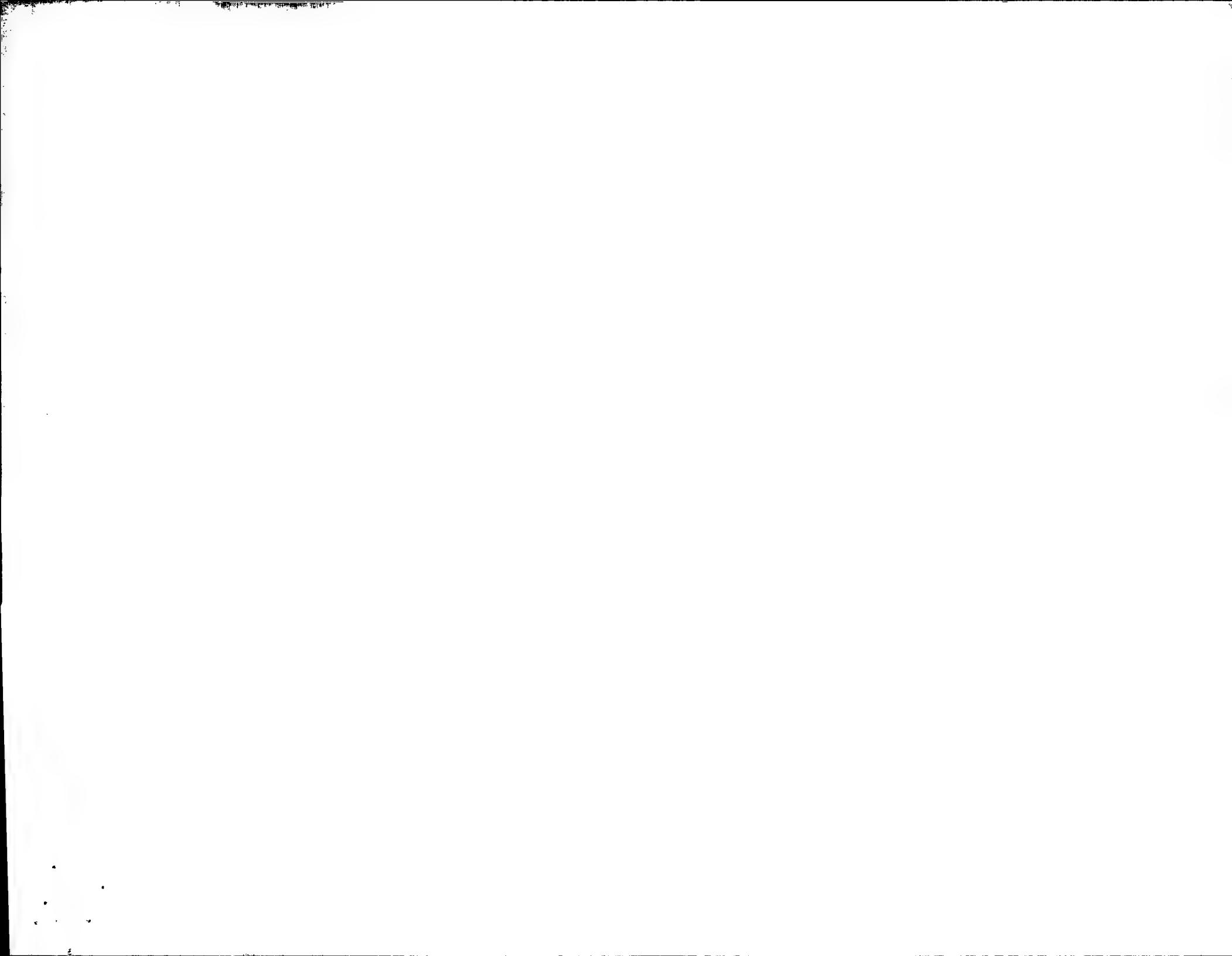
APICAL INDUSTRIES
2608 TEMPLE HEIGHTS DR
OCEANSIDE, CA 92056-3512 (760)724-5360

SHEETMETAL

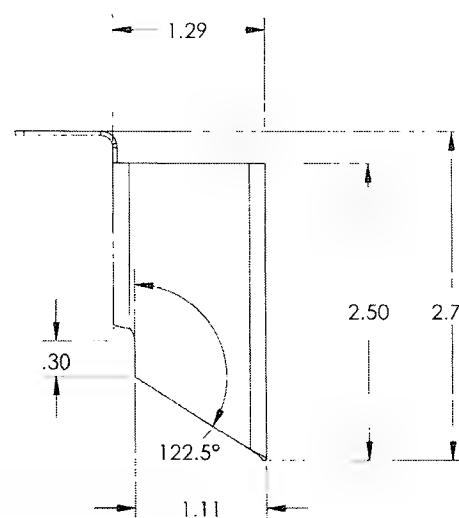
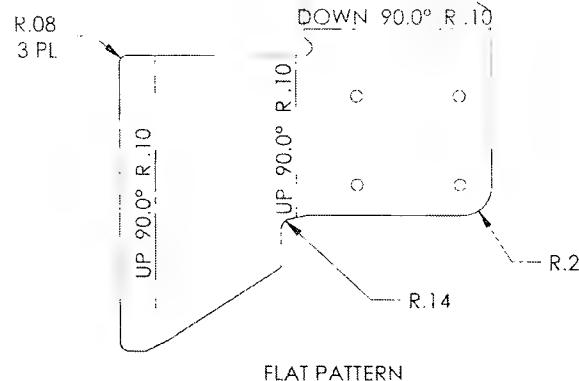
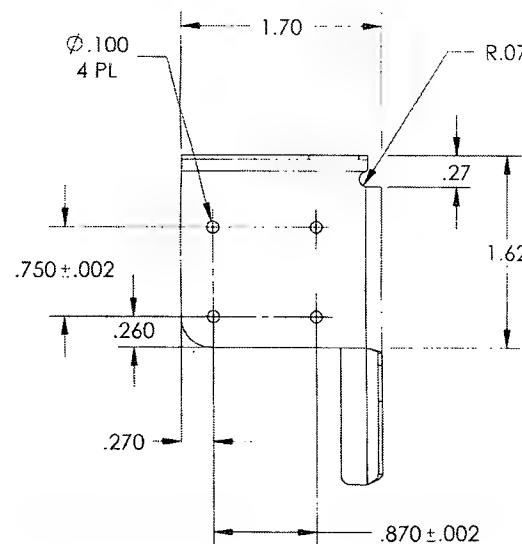
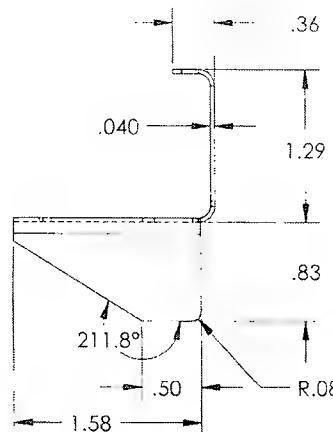
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SCALE: NONE

SHEET 4 OF 7



92544

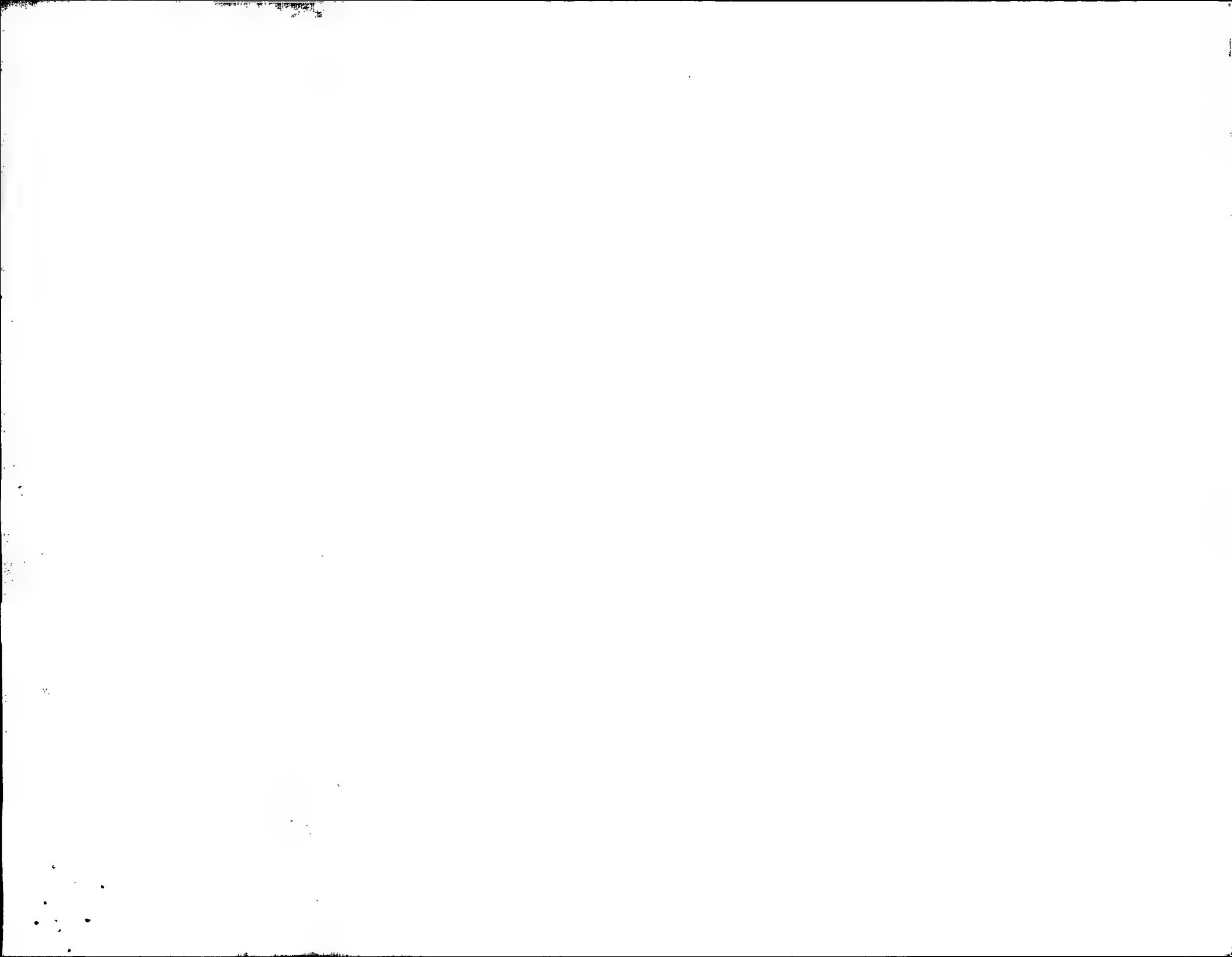
A
B
C
D647.1814 SHOWN
647.1815 OPPOSITE

ORIGINAL DATE 04-04-01		REV. 0
DRAWN BY J. GARDNER		APPROVED R. SPYVO
DESIGNED BY R. SPYVO		REVIEWED R. SPYVO
CHECKED BY R. SPYVO		APR-01-01
1-LESS COMPOUND REINFORCING CROSS-TYPE ARROW IRON PLACED IN MAIN 221 PLACED IN 5 80S ARMS 1 80S		
REV. B	DATE CODE 04-04-01	WORK NO. 647.1800
SCALE: NONE		REV. N/C SHEET 5 OF 2

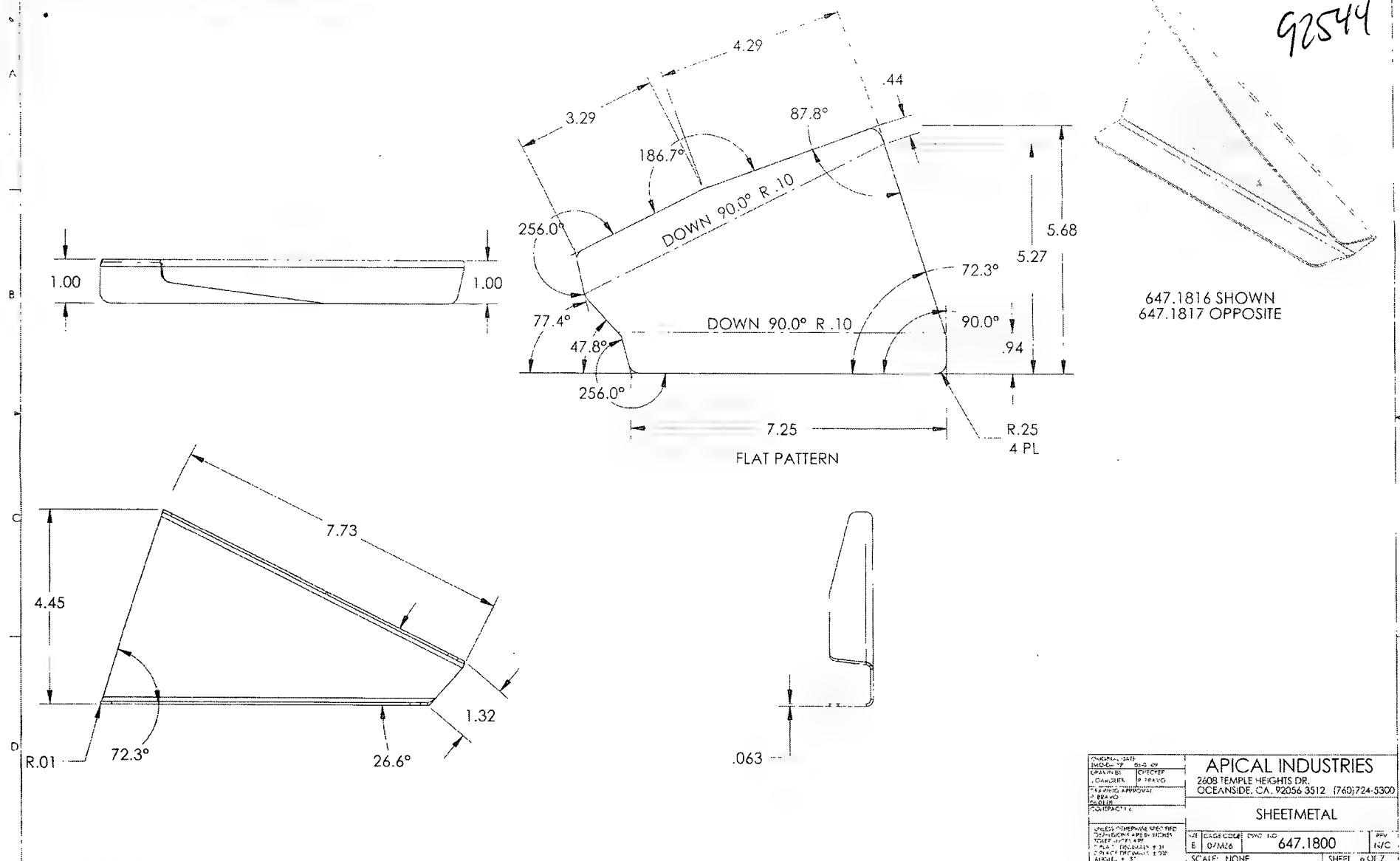
APICAL INDUSTRIES

2608 TEMPLE HEIGHTS DR.
OCEANSIDE, CA 92056-3512 (760)724-5300

SHEETMETAL



92544



92544

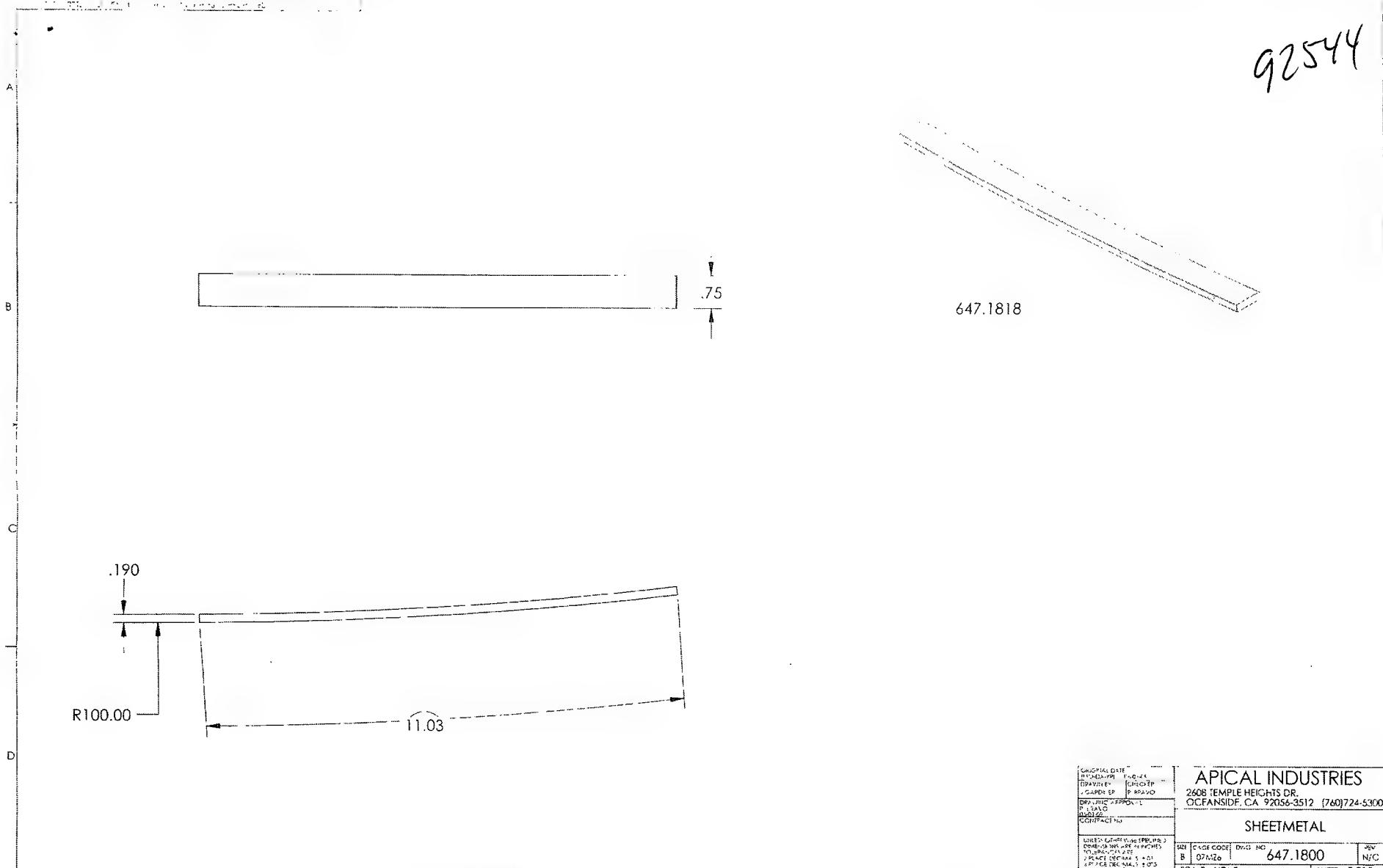


CHART DATE	10/14/04	DEPT	1000
DRAWN BY	EP	REV	0
DESIGNER	EP	BRAND	EP
DRAWING APPROVAL			
DESIGN	EP	MANUFACTURE	EP
CONTACT	EP	CONTACT	EP
LINED CUTTING LINE (LCL)			
CUTTING LINE (CL)			
NOTES: 1. 100.00 ± 0.03			
2. 1.03 ± 0.03			
3. R100.00 ± 0.03			
4. 0.190 ± 0.01			
5. 0.75 ± 0.03			
6. 1.03 ± 0.03			
7. 0.190 ± 0.01			
8. 0.75 ± 0.03			
9. 100.00 ± 0.03			
10. 1.03 ± 0.03			
11. 0.190 ± 0.01			
12. 0.75 ± 0.03			
13. 100.00 ± 0.03			
14. 1.03 ± 0.03			
15. 0.190 ± 0.01			
16. 0.75 ± 0.03			
17. 100.00 ± 0.03			
18. 1.03 ± 0.03			
19. 0.190 ± 0.01			
20. 0.75 ± 0.03			
21. 100.00 ± 0.03			
22. 1.03 ± 0.03			
23. 0.190 ± 0.01			
24. 0.75 ± 0.03			
25. 100.00 ± 0.03			
26. 1.03 ± 0.03			
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DART AEROSPACE LTD	Work Order:	92544
Description: Support RH	Part Number:	647.1617
Inspection Dwg: 647.1600 Rev: N/C		Page 1 of 1

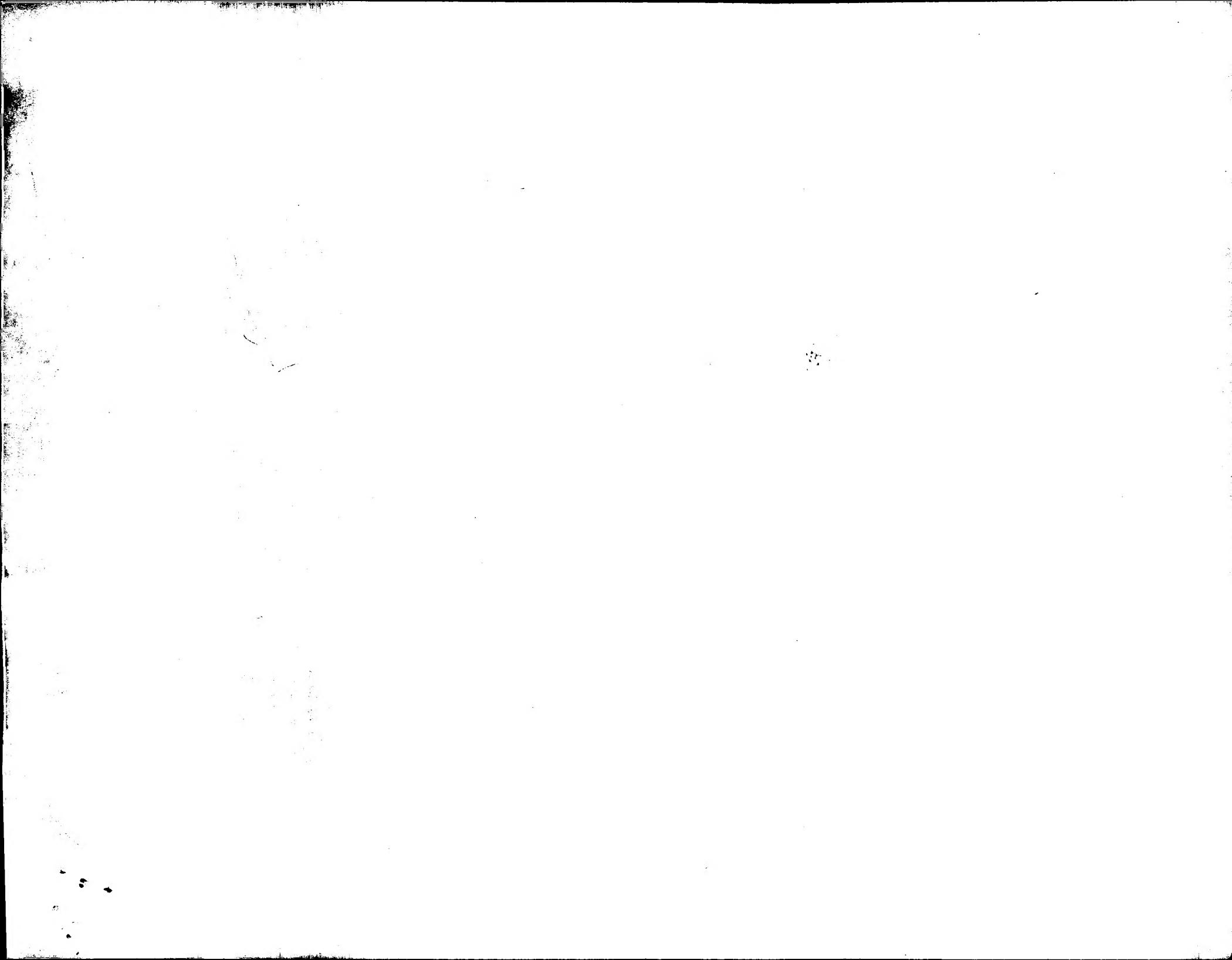
FIRST ARTICLE INSPECTION CHECKLIST

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Measured by:	Jm	Audited by:	15 09	Preliminary Approval:	
Date:	12-11-10	Date:	12-11-10	Date:	

Rev	Date	Change	Revised by	Approved
E	10.04.14	Added preliminary approval	KJ	

10.04.15





A.T.G. Industries Inc.
731, rue Industrielle Rd.
PLATING DEPARTMENT
Rockland, On K4K 1T2
Canada
Ph: (613) 446-4544
Fax: (613) 446-4556

Pack List

Number: 62107

Date: 12-Dec-12

To

DART AEROSPACE LTD
1270 ABERDEEN ST.
HAWKESBURY, ON K6A 1K7
Canada

Ship To

DART AEROSPACE LTD
1270 ABERDEEN ST.
HAWKESBURY, ON K6A 1K7
Canada

Ph: 613-632-5200

Fax: 613-632-1185

Ph: 613-632-5200

Fax: 613-632-1185

Terms		Ship Via
Quantity	Description	Rev:
1 lot	Part: ASST 8 PCS 647.1610 ✓ 5 PCS 647.1612 ✓ 2 PCS 647.1713 ✓ 6 PCS 647.1811 ✓ 1 PC 647.1816 ✓ 1 PC 647.1817 ✓ 8 PCS 647.1818 ✓ 11 PCS 646.3210 ✓ 20 PCS 646.3313 ✓ 10 PCS 646.3717 ✓ 20 PCS 646.3717 ✓ 16 PCS 647.4610 ✓ 10 PCS 649.4811 ✓ 10 PCS 649.4812 ✓ 24 PCS 649.4814 ✓ 30 PCS 649.4815 ✓ 6 PCS 647.7913 ✓ 3 PCS 647.7919 ✓ 10 PCS 647.9010 ✓ 10 PCS 647.9011 ✓ 5 PCS 647.9012 ✓ 40 PCS 647.9013 ✓ 60 PCS 646.9710 ✓	
	HARD ANODIZE BLACK MIL-A-8625 TYPE III CLASS 2 Job: 20120768	PO: PO18506
		Line:

Certificate of Conformance

A.T.G. Industries certifies that all items in this shipment are in conformance
with all requirements, specifications and drawings referenced in the purchase order.

ISO 9001 : 2008 REGISTERED
ATG SALES-2010 TERMS APPLY

DATE: 12/12/12



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HAWKESBURY, ON K6A 1K7
Canada

Ph: 613-632-5200

Fax: 613-632-1185

Ph: 613-632-5200

Fax: 613-632-1185

Terms	Ship Via
Quantity	Description
	CERTIFIED SIGNATURE: <u>Mr</u> RECEIVER SIGNATURE: <u>P. C. Miller</u>

